

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

33311

State File No.

Registration District No. 156

Primary Registration District No. 2001-5581

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin Rural Galena Twpshp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route # 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Bert FISK

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lorabelle Fisk 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased February 8th. 1873
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Harry Bennett

(b) Address Waco, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 8, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Peace Cemetery

18. (a) Signature of funeral director Thornhill-Dillon

(b) Address 305 West 4th St. Joplin, Mo.

19. (a) 10-9-48 (Date received local registrar) (b) Ed J. Bennett (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin Rural (If outside city or town limits, write "RURAL")
(d) Street No. Route # 3 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7th. year 1948 hour 12:00 minute A. M.

21. I hereby certify that I attended the deceased from _____ to _____ that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration _____
Due to Coronary Occlusion
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____
23. Signature Ed J. Bennett (Signature of registrar) Date signed 10/8/48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER, FATHER

138-1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3560

P. O. Address Japan Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.